

DEPARTMENT OF PARKS AND RECREATION FIELD REQUEST

SCHOOL OR LEAGUE NAME _____

DATE _____

TYPE OF SPORT _____

FIELD(S) REQUESTED _____

AGES OF PLAYERS _____ TIME OF DAY REQUIRED _____

DAYS OF WEEK REQUIRED _____

SEASON STARTS _____ SEASON ENDS _____

**LEAGUE SCHEDULES MUST ACCOMPANY THIS REQUEST IN ORDER TO
PROCESS PERMIT. REQUEST WITHOUT SCHEDULES WILL BE HELD
UNTIL FULL SCHEDULE IS RECEIVED.**

LEAGUE PRESIDENT/OFFICIAL _____

ADDRESS _____

TELEPHONE W _____ H _____

COMMENTS: